

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90024 012 \*\*\*\*50.00

**DOCUMENT # L02000007169**

1. Entity Name

**TREISER, COLLINS & VERNON, P.L.**



Principal Place of Business

**4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES, FL 34103**

Mailing Address

**4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES FL 34103**

2. Principal Place of Business

**3080 Tamiami Trail East**

Suite, Apt. #, etc.

3. Mailing Address

**3080 Tamiami Trail East**

Suite, Apt. #, etc.

**Naples, FL**

City & State

**Naples, Florida**

City & State

**Naples, Florida**

Zip

**34112**

Country

**Collier**

Zip

**34112**

Country

**Collier**

4. FEI Number

**01-0692732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, THOMAS A II  
4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**Thomas A. Collins, II**

Street Address (P.O. Box Number is Not Acceptable)

**3080 Tamiami Trail East**

City

**Naples**

**FL**

Zip Code  
**34112**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-10-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/Managing Member  
Richard M. Treiser  
3080 Tamiami Trail East  
Naples, FL 34112** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)